

## Homeless Health News

From Health Care for the Homeless Network  
Public Health – Seattle & King County

July 2007

### Diabetes and Homelessness

*Kate Bracy Kalb, ARNP  
Heather Barr, RN*

Diabetes by itself can be a difficult disease, but diabetes and homelessness is a dangerous combination. Diabetes is on the rise everywhere, and because low income people get diabetes more often than higher income people, it is even more common in poor and homeless populations.

In 2006, Seattle-King County Health Care for the Homeless care providers reported having worked with 471 homeless people with diabetes, up from 351 in 2000.

Even under the best circumstances – good health care, proper medication, and a willing patient – diabetes can be tricky to manage. When those things are lacking, it can be next to impossible.

Just ask Mary Pilgrim and Twyla Smith. Pilgrim and Smith are shelter-based registered nurses with Pioneer Square Clinic who work in the Health Care for the Homeless Network (HCHN). Both have years of



experience working with homeless people, and both admit that it's a big challenge to help diabetic clients.

Pilgrim's clients at the Downtown Emergency Services Center (DESC) are often mentally ill, and have a lot of trouble organizing themselves.

"The best chance for success," she says, "is to get them stabilized on their psych meds before trying to help them stabilize their diabetes." She says the best approach is, "to keep it very simple."

"I teach them to read food labels, remind them to drink water when their blood sugar is high, and help them remember what can happen if they don't take care of their diabetes." She reports that since much of the food donated to food banks has a high sugar content, it is often hard for her clients to make good food choices.

Smith has it just a little easier. She works at St. Martin de Porres Shelter on the Seattle waterfront. St. Martin's offers nightly shelter to 212 men over the age of fifty. Smith says,

"Our population is a bit more stable than DESC, and many of the men come night after night." There's a list of diabetic clients, which the men know exists, for use by the staff so they know to offer them orange juice when they need it. She said there are about fifty men on the list at any given time. "We have more time to work with these guys," she states. And if the men are part of the respite program, which houses homeless men while they need temporary nursing care, "we can show them how to monitor their blood sugar and their insulin. It gives us a chance to teach them some things about their illness."

Diabetes is a disease in which the body cannot maintain a normal level of blood sugar. Usually a person can take insulin or an oral medication to help stabilize blood sugar, but that involves monitoring blood sugar with a glucometer, and adjusting their medication and diet. Many homeless people either do not have a glucometer, or don't know how to use it. And food can be unavailable as can medication, depending on their situation. The result is that blood sugar levels

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remain high, which causes damage to other organs like their kidneys and their eyes.

Workers in shelters and other agencies are often the ones who can assist diabetic people to begin to see the connection between what they do and how they feel. Struggling to get another meal or a place to sleep makes choosing the right foods and taking medication seem like a luxury. But in order to stay independent, diabetic patients need to become aware of how their disease affects their lives.

There are no simple answers to helping diabetic homeless people manage their disease. But if you pay attention to their symptoms, and assist them in getting medical care, you might make a big difference in their quality of life. (See page 3 for FAQs about Diabetes)

## Come Taste! Cooking Classes

*Kate Bracy Kalb, ARNP*

If you had been homeless for many years and found yourself at last with stable housing, would you know or remember how to cook?



in Public Health-Seattle & King County offers a series of four hour-

The Healthy Eating for Healthy Aging (HEHA) program

long "Come Taste!" cooking classes for low-income older adults and seniors. Currently offered in selected residential settings such as The Wintonia, The Frye Hotel, The Morrison, and Plymouth on Stewart, these classes help ease residents back into cooking for themselves.

Classes emphasize simple, low-cost ingredients and the benefits of eating more fruits, vegetables and whole grains. A nutrition educator

prepares a variety of recipes from different cultures, and all of the cooking students receive a sample of the finished dish and a recipe card to remind them how to prepare it.

Janet Kapp, a registered dietician with the program, says, "We survey at the end of each series and ask questions about how (Cont. on p. 4)

## A Dozen Things You Can Do to Help Diabetic Clients:

- **Get them connected to primary care!**
- **Keep your message simple**
- **Encourage them to check their blood sugar – any glucometer readings are better than none**
- **Teach them to read food labels to make the best choices**
- **Help them see the connection between staying stable and feeling better**
- **Keep healthy snacks around as examples of what is okay for them to eat (see page 3)**
- **Remind them to pay attention to their bodies so they can head trouble off**
- **Encourage them to ask their health care provider about long-acting insulin, which is much easier to use**
- **Use "teachable moments" – when they face health problems, or during a window of sobriety when they can understand better**
- **Help them get stabilized on their other medications, especially psychiatric medications, so that they can give some attention to their disease**
- **Don't give up!**

## Frequently Asked Questions About Diabetes and Homelessness

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Shelter staff and other people who work with homeless clients often have questions about diabetes. Here are some typical ones:

**Q: How can I tell if my client is having a diabetic emergency?**

A: The most dangerous diabetic emergency is severe *hypoglycemia*, which means very low blood sugar. This usually occurs when a diabetic person takes their dose of insulin but does not have something to eat close to the time they take their insulin. It can also happen if the diabetic person takes too much insulin or increases their activity level without adjusting the insulin dose. The diabetic person experiencing hypoglycemia will usually begin to show mood and or mental status changes. They may be cranky, irritable, combative, and confused. They may complain of dizziness and/or fatigue. They may be sweaty and clammy and shaky. This may progress to loss of consciousness, seizures, and even death. If your known diabetic client exhibits signs of hypoglycemia and they are *conscious and able to swallow without choking*, you can give them a glass of orange juice or pop with a tablespoon of sugar in it to quickly raise their blood sugar. If you find your diabetic client unconscious or seizing, stay with the client if possible and have someone call 911 and tell the dispatcher the client is a diabetic. Roll the client onto their side and monitor their airway, breathing and circulation (ABC's). Never attempt to give an unconscious or seizing client anything by mouth.

**Q: What are the symptoms of diabetes?**

A: Usually a person will begin to drink large amounts of water, urinate frequently, and they may begin to lose weight for no apparent reason. If you have clients who are exhibiting these symptoms, refer them to a clinic for testing.

**Q: Why do diabetic people have problems like kidney disease, vision problems and foot problems?**

A: When blood level of sugar stays very high, it causes blockages in the small blood vessels. This poor circulation cuts off oxygen and nutrients that are needed for all the body tissues to stay healthy. Slowly these tissues become unhealthy, and damage to kidneys, eyes and skin begins to set in. And because infections do not heal quickly or easily when blood sugar is high, there can be a lot of damage to infected feet or other wounds.

**Q: What kind of snacks should our agency have on hand for our clients?**

A: The best snacks are those that do not raise blood sugar too quickly. Some good choices are: cheese sticks; cheese and crackers; carrots; celery; yogurt; milk; whole wheat crackers or bread; reduced fat peanut butter; walnuts; hardboiled eggs; diabetic trail mix; whole grain tortillas; bean dip; whole grain veggie pizza; low fat cottage cheese; teas and unsweetened drinks.

**Q: Where should I send my clients who have diabetes, or who might have diabetes?**

A: Getting a diabetic person hooked up with a primary care provider is the most important thing you can do. Community clinics and public health clinics take care of low-income diabetic patients, including those on Medicaid on those who are uninsured.

(Cont. from p.2)

they plan to use the information from the classes in everyday life. Most participants tell us that they are planning to read food labels, use more whole grains and vegetables, and prepare more foods at home.

Others have told us that they will take advantage of staple foods available at food banks. A few have mentioned that they planned to prepare and share meals with their neighbors."

Kapp notes that, "What is most gratifying to me is that people come to the class, seem to enjoy observing and engaging in discussions about food and nutrition, and have a positive take on the experience."

"One woman who attended classes told us that 'these classes have given me the confidence that I can cook again.'"

"Another participant told us that he planned to buy a small electric skillet so he could cook the recipes we had demonstrated during classes," Kapp explained.

When it comes to finding a "new normal" as homeless residents re-enter stable housing, cooking classes are a great way to get a taste of their new life. For more information, call Jenny Louch at (206) 263-8342.

## **Pandemic Flu Planning Guide Now Available**

Have you begun planning for the predicted influenza pandemic? Do you know what you should be doing before, during and after a flu pandemic? Been ignoring it since it's not in the

news every day? Need a little guidance? We have just the thing for you!

The first edition of *An Influenza Planning Guide for Homeless and Housing Services Providers* in Seattle-King County is now available on our website.

<http://www.metrokc.gov/health/pandemicflu/panflu-guidelines-homeless.pdf>

This handy guide—developed with plenty of input from homeless programs—will help you begin thinking about and planning for a flu pandemic, and can also help you plan for other disease outbreaks or disasters.

And you'll find more useful tools at:

<http://www.metrokc.gov/health/VPAT/downloads.htm>

### **Did you know that funding is available to help non-profits with emergency preparedness activities?**

Get on the mailing list to learn about funding opportunities and to participate in our community's communication network.

Write to: Robin Pfohman, Program Manager, Vulnerable Populations Action Team at: [robin.pfohman@kingcounty.gov](mailto:robin.pfohman@kingcounty.gov) or call her at (206) 263-8759.

## **Health Care for the Homeless Network Has Moved! Please Update Your Records**



Public Health's offices, including the administrative staff of Health Care for the Homeless Network, recently moved.

HCHN's new address:

**401 Fifth Ave., Ste 1000  
Seattle, WA 98104-2333**

Our main telephone line will remain (206) 296-5091. Individual staff, however, have new numbers and e-mail addresses:

Heather Barr: (206) 263-8347

Laurie Becker: (206) 263-8349

Karen Eckert: (206) 263-8351

Trudi Fajans: (206) 263-8344

Kate Kalb: (206) 263-8359

Susan Kline: (206) 263-8343

Jenny Louch: (206) 263-8342

Marcia Stone: (206) 263-8340

Janna Wilson: (206) 263-8281

FAX: (206) 205-6236

All e-mail addresses have changed to:

[firstname.lastname@kingcounty.gov](mailto:firstname.lastname@kingcounty.gov)

Example:

heather.barr@kingcounty.gov

## ***Good News: Free or Low-Cost Medical Coverage for Kids Help Us Get All Kids Covered!***

Washington State recently expanded health care coverage for kids. If your homeless program works with children, keep in mind that children may be eligible for free coverage even if they were denied before.

- Eligibility is based on income and not immigration status.
- Medical, dental, vision, prescriptions, doctor visits, hospital visits and much more is covered.
- Please help link kids to health care access workers who can help them enroll. Help is available at community and public health clinics, through YWCA Access Advocates at selected shelters, and through Public Health's Access & Outreach team **(206) 296-4841**.
- Enrollment is currently open and there is no waiting list!

To learn more, visit <http://fortress.wa.gov/dshs/maa/Eligibility/ChildrensHealth/ChildrensHealth.html>

## ***Reminder – It's West Nile Virus Season!***

**What is it?** West Nile virus is a mosquito-borne virus. The less serious form is called West Nile fever, a flu-like illness that may last from a few days to several weeks. In the more severe forms, West Nile virus affects the nervous system causing swelling and inflammation of the brain or covering of the spinal cord and may result in paralysis and death.

**How do you get it?** West Nile virus is transmitted by the bite of a mosquito. West Nile virus is not transmitted directly from person-to-person except for rare cases attributed to blood transfusion or organ transplantation. It is also not transmitted from animal-to-person except in very rare instances related to occupational exposure. There is no evidence that persons can become infected from eating meat from a West Nile virus infected bird or other animal.

**Who is at risk?** The risk for more serious illness starts to increase after about age 50. In 2005, the median age of persons who developed the more serious form of the disease was 57 years and the median age of those who died was 75 years. People who sleep outside are vulnerable to mosquito bites and to West Nile Virus, especially during dusk and dawn when mosquitoes are most active.

**What can we tell homeless clients to decrease their risk?** Homeless people should be advised to:

- Cover up as much as possible, and tuck pants into socks for more protection from bites
- Try to wear light colored clothing and long sleeves to protect themselves
- Drink lots of water to avoid heat stress
- Whenever possible, avoid ravines and areas with lots of bushes, where larger numbers of mosquitoes may be found, especially at dawn and dusk

For more information, visit the Public Health website at <http://www.metrokc.gov/health/westnile/index.htm>

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401 Fifth Ave, Suite 1000  
Seattle, WA 98104-2333  
(206) 296-5091  
[hchn@metrokc.gov](mailto:hchn@metrokc.gov)

***Want to be added to or deleted from  
our mailing list? Contact Laurie Becker***  
(206) 263-8349 or write  
[laurie.becker@kingcounty.gov](mailto:laurie.becker@kingcounty.gov)